



DEVELOPMENT PROVIDER ANNUAL LOCAL DEVELOPMENT AGREEMENT REPORT

State Form 54928 (2-12)
Approved by State Board of Accounts, 2012
INDIANA GAMING COMMISSION
Pursuant to IC 4-33-23

I. Report Information

Development provider	Legal name of person that prepared this report	Date submitted (<i>month, day, year</i>)
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II. Total Amount

Total amount of economic development payments paid during report period:

(Attach additional sheets if necessary.)

III. Details of Economic Development Payments

Name of Recipient	Address (<i>number and street, city, state, ZIP code</i>)	Telephone Number	Contact Person	Payment Date (<i>month, day, year</i>)	Payment Amount (<i>total must equal item II</i>)
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IV. Statement of Accuracy

Under penalties of perjury, I declare that I am an officer of the organization listed in section 1, and that I have examined this report and any accompanying documentation and to the best of my knowledge and belief, it is true, correct, and complete.

Signature

Print name

Title

Date (*month, day, year*)